In the Claims

Please cancel claims 1 and 3-47.

Please add the new claims 48-58:

48. A method for lessening the incidence of tolerance to methylphenidate administered to an Attention-Deficit Disorder patient who develops tolerance to methylphenidate, wherein the method comprises administering orally to the patient a dosage form tablet that delivers 100 ng to 500 mg of methylphenidate in a sustained and increasing dose over 16 hours to produce the intended effect.

49. A method for lessening the incidence of tolerance in a patient having Attention-Deficit Disorder, wherein the method comprises administering a pharmaceutically acceptable composition comprising 100 ng to 500 mg of methylphenidate and a pharmaceutically acceptable carrier, that is administered in a sustained and increasing dose for lessening the incidence of tolerance in the patient.

50. A method for treating Attention-Deficit Disorder in a patient, wherein the method comprises administering a pharmaceutically acceptable composition comprising 100 ng to 500 mg of a member selected from the group consisting of amphetamine, dextroamphetamine, methamphetamine, phenylisopropylamine, and pemoline, and a pharmaceutically acceptable carrier, in a sustained and increasing dose for treating Attention-Deficit Disorder in the patient.

51. A method for maintaining the therapeutic effect of methylphenidate in an Attention-Deficit Disorder patient who acquires tolerance to methylphenidate, wherein the method comprises administering orally to the patient a dosage form tablet comprising 100 ng to 500 mg of methylphenidate that delivers the methylphenidate in a controlled and increasing dose over 16 hours to maintain the therapeutic effect in the patient.

52. A method for compensating for a decrease in the therapeutic effect to methylphenidate in an Attention-Deficit Disorder patient, wherein the method comprises administering a dosage form tablet comprising 100 ng to 500 mg of methylphenidate to the patient that administers the methylphenidate in a continually-ascending rate over 16 hours to compensate for the decrease in the therapeutic effect.

53. A method for treating Attention-Deficit Disorder in a human, wherein the method comprises administering orally to a human having Attention-Deficit Disorder a dosage form that administers a sustained and continuously ascending dose of 100 ng to 500 mg.

54. A method of treating Attention-Deficit Disorder in a human wherein the method comprises administering orally to a human having Attention-Deficit Disorder a dosage form that administers a sustained and continuously ascending dose of 5 mg to 75 mg over 12 hours of a drug selected from the group consisting of methylphenidate and its pharmaceutically acceptable salts for treating Attention-Deficit Disorder in the human.

55. A method of treating Attention-Deficit Disorder in a human, wherein the method comprises administering orally to a human having Attention-Deficit Disorder a dosage form that administers a sustained and continuously ascending dose of 100 ng to 500 mg over 16 hours of a drug selected from the group consisting of amphetamine, dextroamphetamine, methamphetamine, threomethylphenidate, phenylisopropylamine, and pemoline for treating Attention-Deficit Disorders in the human.

56. A method for the management of Attention-Deficit Disorder and Attention-Deficit Hyperactivity disorder in a patient, wherein the method comprises administering orally to the patient a dosage form comprising 100 ng to 500 mg of methylphenidate that is administered in a sustained and continuously ascending dose throughout a school day for the management of Attention-Deficit Disorder and Attention Deficit Hyperactivity Disorder in the patient.